

Use of BCG Vaccine

In 1957, the Ad Hoc Advisory Committee on BCG to the Surgeon General of the Public Health Service issued a report which reviewed in some detail the status of knowledge about BCG tuberculosis vaccine and discussed its relative merits (*American Review of Tuberculosis*, vol. 76, 1957, pp. 726-731). "The Committee is convinced," the report stated, "that large-scale BCG vaccination programs, including routine vaccination of the newborn, are not indicated in this country. It is believed, however, that the advantages of vaccination outweigh the disadvantages for tuberculin-negative persons who are exposed to a definite risk of infection, especially if they cannot be retested frequently with tuberculin." The report then provided some examples of suitable subjects for BCG vaccination, one of which was "Persons unavoidably exposed to continued contact with infectious cases of tuberculosis in the home."

Since publication of the report, the Tuberculosis Control Advisory Committee to the Service has from time to time reviewed it to consider its current applicability. At the committee's meeting held in October 1961, extensive discussion of the role of BCG vaccine in tuberculosis control in the United States led to the conclusion that, although the 1957 statement was still valid, a supplementary statement, giving some of the specific circumstances in which the vaccine is indicated, would be useful.

In March 1962, the Tuberculosis Control Advisory Committee prepared the following statement, in the hope that it will help administrators of tuberculosis control programs in making decisions about the use of BCG.

STATEMENT

The Tuberculosis Control Advisory Committee believes that the use of BCG vaccine should be determined on the basis of the need for it in given individuals or particular population groups. Under circumstances in which ex-

posure to tuberculous infection cannot be avoided, risk of disease is high, and periodic examination and supervision of those exposed is a practical impossibility, the committee recommends the use of BCG.

Ideally, all persons with communicable tuberculosis are under treatment either in a hospital or at home under circumstances that protect others from their disease, and their contacts are examined at suitable intervals. Unfortunately, there are instances in which the patient is not isolated and his contacts are not examined regularly. In such cases, BCG vaccination is recommended.

Examples of persons who should be considered for vaccination are tuberculin-negative contacts of a tuberculosis patient in a group of migrant workers, or in a highly mobile population group as in some crowded urban areas, and tuberculin-negative contacts who cannot be protected by other control measures. However, health authorities who use BCG in these situations have the responsibility for continued medical supervision of the patient with tuberculosis and for continued efforts to examine contacts at appropriate intervals, whether or not they have received BCG. The committee wishes to emphasize that BCG vaccination should not be considered a substitute for other control measures, but should be an addition to these, used in special situations.

Finally, in this country, for most of the population BCG is not needed. Indeed, it is the opinion of the committee that widespread BCG vaccination in the United States today is contraindicated because it interferes with the use of the tuberculin test as an epidemiologic and diagnostic tool.—W. EDWARD CHAMBERLAIN, M.D., WINTHROP N. DAVEY, M.D., STANFORD F. FARNSWORTH, M.D., A. L. GRAY, M.D., R. H. HUTCHESON, M.D., ESMOND R. LONG, M.D., JAMES E. PERKINS, M.D.